

LCD
53-80

KANSAS SECRETARY OF STATE
Series Limited Liability Company
Certificate of Designation
Instructions

Kansas Office of the Secretary of State:

Memorial Hall, 1st Floor (785) 296-4564
120 S.W. 10th Avenue kssos@sos.ks.gov
Topeka, KS 66612-1594 www.sos.ks.gov

The following form **must be complete** and accompanied by **the correct filing fee** or the document will **not** be accepted for filing.

Save time and money by filing your forms online at **www.sos.ks.gov**. There, you can also stay up-to-date on your organization's status, annual report due date, and contact addresses.

<input type="checkbox"/> Filing fee	The filing fee for this form is \$100 . For more information, please call (785) 296-4564.
<input type="checkbox"/> Payment	Please enclose a check or money order payable to the Secretary of State. Forms received without the appropriate fee will not be accepted for filing. Please do not send cash. NOTICE: There is a \$25 service fee for all checks returned by your financial institution. Also, to expedite processing, please do not use staples on your documents or to attach checks.
<input type="checkbox"/> Notes	<p>This document may be executed by a manager or member of the LLC, or by any other person or entity designated with such authority in the operating agreement. Unless the manager or member is another business entity using the appropriate titles, the only acceptable titles to appear are manager, member, or designee.</p> <p>The registered agent and registered office for the limited liability company in Kansas shall serve as the agent and office for the service of process in Kansas for each series.</p>
<input type="checkbox"/> Additional information	If additional space is needed, please provide an attachment.

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THIS SPACE FOR OFFICE USE ONLY.

1. LLC name

2. State or country of organization

☐ Kansas (domestic) ☐ Foreign (specify):

3. Name of series

Must contain entire name of LLC and be distinguishable from other names in series.

4. With the filing of this document...

- ☐ ... the existence of the series shall begin.
☐ ... the member or manager information for the series is different from the liability company. (Please complete Question 6.)
☐ ... the member or manager information for the series is hereby changed. (Please complete Question 6.) ☐ ... the series shall be dissolved.

5. Is the name of the series to be changed? ☐ Yes (Provide new name of series below.) ☐ No

6. Name(s) and address(es) of managers or of members vested with management

Answer if applicable.
If additional space is needed, please provide attachment.

Name 1	Address		
City	State	Zip	Country
Name 2	Address		
City	State	Zip	Country
Name 3	Address		
City	State	Zip	Country

7. I declare under penalty of perjury pursuant to the laws of the state of Kansas that the foregoing is true and correct and that I have remitted the required fee.

Signature of Person

X

Month Day Year

Name of Signer (printed or typed)

☐ Member ☐ Manager ☐ Designee